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September 22, 1998

CONFIDENTIAL

VIA REGISTERED MAIL (RETURN RECEIPT REQUESTED)

Ms. Laurette Nacamulli 5202 Crossfield Ct., #15 Rockville, Maryland 20852 RECEIVE J MAY 1 4 2004

OFFICE OF PETITIONS

Re: Reissue Application for U.S. Patent No. 5,527,710 to Nacamulli et al. Our Ref. No.: KM39091-70

Dear Ms. Nacamulli:

On June 16, 1998 we requested that you execute an Inventor Declaration and Power of Attorney for the above-identified reissue application. A copy of that letter is enclosed. To date, we have not received your response to our request. Therefore, enclosed is a second Declaration and Power of Attorney for your signature.

As discussed in our June 16, 1998 letter, we have been instructed to file a reissue application for U.S. Patent No. 5,527,710 by our client, IGEN, Inc. The reissue application was filed because the issued claims do not provide protection for the entire scope of the invention.

As we have not received your response to our June 16, 1998 letter, enclosed is a second Declaration and Power of Attorney for your execution. The other named inventors, Jonathan K. Leland and Stephanie Hayes, have executed the Declaration. Please review the enclosed materials and forward the executed Declaration to us as soon as possible. We have enclosed a self-addressed envelope for your convenience.

WHITMAN BREED ABBOTT MORGAN LLP

Ms. Laurette Nacamulli

-2-

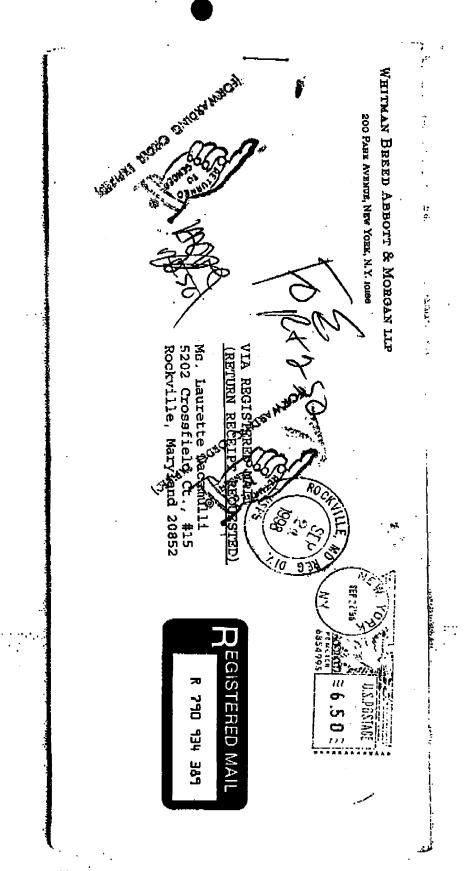
September 22, 1998

We look forward to receiving the executed Declaration. If you have any questions, please do not hesitate to contact us.

Very truly yours,

Pamela C. Ancona, Ph.D. Scientific Consultant

PCA: dmp Encl.



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	10	Ms. Laurette Nacamulli 5202 Crossfield Ct., #15	_		
	m 38	Rockville, Maryland 20852 6. Receipt for Registered Mail (Customer Conference (See Information on Rever	 PY) 18 0)		

SENDER: a Complete Rome 1 and/or 2 for additional services. a Complete Rome 3, 4a, and 4b. a Complete Rome 3, 4a, and 4b. a Print your name and address on the reverse of this form so card to you. a Atlach this form to the front of the malipiece, or on the back. a Write "Romm Receipt Requested" on the malipiece below the The Return Receipt will show to whom the article was delivered.	that we can return this extra fee): If epace does not entire entire number and she date following services (for extra fee): 1. Addressee's 2. Restricted De Consult postmaster for	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3B11. December 1994	8, Addressee's Address (Only If red and fee is paid)	(A)	